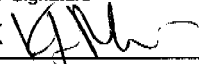
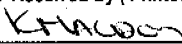
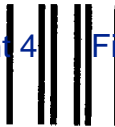


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY							
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>							
<p>1. Article Addressed to:</p> <p>Davic L Winn, Warden Federal Medical Center, Camp Devens P.O. Box 880 Ayer, MA 01432</p>		<p>B. Received by (Printed Name) </p>							
		<p>C. Date of Delivery 3-14-01</p>							
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>							
		<p>3. Service Type</p> <table><tr><td><input type="checkbox"/> Certified Mail</td><td><input type="checkbox"/> Express Mail</td></tr><tr><td><input type="checkbox"/> Registered</td><td><input type="checkbox"/> Return Receipt for Merchandise</td></tr><tr><td><input type="checkbox"/> Insured Mail</td><td><input type="checkbox"/> C.O.D.</td></tr></table>		<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
		<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise								
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.								
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>							
<p>2. Article Number (Transfer from service label) 7002 0510 0004 1359 7592</p>									
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>									



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Office of the Clerk
United States Courthouse
1 Courthouse Way, Suite 2300
Boston, MA 02210

Pro Se
CS-40039 DPW
Rahemkul

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